



STATE OF INDIANA

FRANK O'BANNON, Governor

PATRICK R. RALSTON, Executive Director

Indiana Government Center South

302 W. Washington St., Room E208

Indianapolis, In. 46204

WRITTEN TEST NUMBER _____

APPLICATION FOR IFSAC CERTIFICATION

I hereby apply for accreditation certification through the International Fire Service Accreditation Congress (IFSAC) as a _____ according to the rules and regulations governing the training, skills and testing as stated in the Board of Firefighting Personnel Standards and Education's Accreditation Policy Manual.

Name _____

Affiliation _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

County of Residence _____

County of Affiliation _____

Home Phone #AC (____) _____

Phone #AC (____) _____

Date of Birth _____

Certification No. _____ (____) _____

Soc. Sec. No. _____

Applicant's Signature _____

Applicant's Name Printed _____

Date Signed _____

Make Checks Payable to:

PUBLIC SAFETY TRAINING INSTITUTE
302 W. Washington St., Room E239
Indianapolis, IN 46204

For PSTI Use Only:

☐ Cash ☐ Check ☐ Money Order

IFSAC # _____

Receipt # _____

(Send \$10.00 with this form)